

**Declaration and Power of Attorney
Under Patent Cooperation Treaty
35 USC §371(c)(4)**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are named below) of the invention entitled: A CATHODE RAY TUBE AND
IMAGE DISPLAY APPARATUS USING THE SAME
described and claimed in the international application number PCT/JP00/07392 filed October 23, 2000
and as amended on _____ (if any), the specification and claims of which I have reviewed and understand
and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of
this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent
or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior
to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Application No. 11-299654 filed October 21, 1999

Japanese Patent Application No. 11-367205 filed December 24, 1999

The priority of the above applications (if any), filed within a year prior to my international application is
hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of
substitution and revocation to prosecute this application and to transact all business in the patent office:

3 Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; Lawrence D. Eisen, Reg. No. 41,009.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO:
PARKHURST & WENDEL, L.L.P., 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA 22314-
2805, TELEPHONE (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements
made herein of my own knowledge are true and that all statements made on information and belief are believed to
be true; and further that these statements were made with knowledge that willful false statements and the like so made
are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that
such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3. Full Name of Sole or First Inventor Hideo KUROKAWA
Given Name Middle Initial Family Name
*4. Inventor's Signature Hideo Kurokawa
Date of Signature 10 / 1 / 2002
Month Day Year
6. Residence Katano-shi Osaka JAPAN
City State or Province Country
7. Citizenship Japanese
8. Post Office address 38-17, Matsuzuka, Katano-shi, Osaka 576-0043 JAPAN
(Insert complete mailing address, including country)

*IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒.

PAGE 2 OF U.S.A. DECLARATION FORM
(Disclose this page in a sole inventor application)

3 Typewritten Full Name of
Second Joint Inventor (if any)

270

Koji

AKIYAMA

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Koji Akiyama

5 Date of Signature

01 / 10 / 2002

Month

Day

Year

6 Residence

Neyagawa-shi

Osaka

JAPAN

7 Citizenship

Japanese

City

State or Province

Country

8 Post Office Address

(Insert complete mailing
address, including country)

36-30, Nakakidacho, Neyagawa-shi, Osaka 572-0820 JAPAN

3 Typewritten Full Name of
Third Joint Inventor (if any)

370

Michiaki

WATANABE

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Michiaki Watanabe

5 Date of Signature

01 / 21 / 2002

Month

Day

Year

6 Residence

Ibaraki-shi

Osaka

JAPAN

7 Citizenship

Japanese

City

State or Province

Country

8 Post Office Address

(Insert complete mailing
address, including country)

3-9-7, Kasuga, Ibaraki-shi, Osaka 567-0031 JAPAN

3 Typewritten Full Name of
Fourth Joint Inventor (if any)

400

Toshifumi

NAKATANI

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Toshifumi Nakatani

5 Date of Signature

01 / 21 / 2002

Month

Day

Year

6 Residence

Moriguchi-shi

Osaka

JAPAN

7 Citizenship

Japanese

City

State or Province

Country

8 Post Office Address

(Insert complete mailing
address, including country)

4-19-13-1117, Satanakamachi, Moriguchi-shi, Osaka 570-0002 JAPAN

3 Typewritten Full Name of
Fifth Joint Inventor (if any)

500

Hideo

SUZUKI

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Hideo Suzuki

5 Date of Signature

15 / 1 / 2002

Month

Day

Year

6 Residence

Hirakata-shi

Osaka

JAPAN

7 Citizenship

Japanese

City

State or Province

Country

8 Post Office Address

(Insert complete mailing
address, including country)

3-39-27, Higashikori, Hirakata-shi, Osaka 573-0075 JAPAN

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

PAGE 3 OF U.S.A. DECLARATION FORM
(Disclose this page in a sole inventor application)

3 Typewritten Full Name of
Second Joint Inventor (if any)
Sixth

Shigeru

OHKI

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Shigeru

Ohki

5 Date of Signature

01 / 11 / 2002

Month

Day

Year

6 Residence

Habikino-shi

Osaka

JAPAN

Japanese City

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

9-14-8-508, Shimaizumi, Habikino-shi, Osaka 583-0881 JAPAN

3 Typewritten Full Name of
Third Joint Inventor (if any)
Seventh

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

5 Date of Signature

Month

Day

Year

6 Residence

City

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

3 Typewritten Full Name of
Fourth Joint Inventor (if any)
Eighth

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

5 Date of Signature

Month

Day

Year

6 Residence

City

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

3 Typewritten Full Name of
Fifth Joint Inventor (if any)
Ninth

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

5 Date of Signature

Month

Day

Year

6 Residence

City

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.
**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims)
of the application to which it pertains.